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ABSTRACT

Filial therapy is an alternative method for treating emotionally disturbed children in which the parent is used as an ally in the therapeutic process. Filial therapy teaches the parent a new way of interacting with their child, thus improving the parent-child relationship. Additionally, filial therapy provides focused attention to the child from a person who holds emotional significance to the child, thus encouraging anxieties learned from the parental influence to be unlearned, and provides opportunities for miscommunications to be clarified to the child by the parent. This approach is based on the therapeutic nature of play and the parent's ability to learn to assume the therapeutic role required of them for a short period of time under special conditions. This digest reviews the process of filial therapy, toys and materials, filial therapy research and results, and current and future trends. (Contains 12 references.) (GCP)

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by

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Filial Therapy

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Rationale for Filial Therapy

Many children do not have their need for emotional nurturing met (Landreth, 2002). Communication gaps between parents and children may exist because many parents are unaware of their children's emotional needs and lack the skills necessary to interact effectively with them on an emotional level (Landreth, 2002). Children communicate through play (Axline, 1969; Landreth, 2002). It is their innate language. By teaching parents the language of play, and how to use play therapeutically, the communication gap between parent and child can be closed (Guerney, Guerney, & Andronico, 1999; Landreth, 2002).

Filial therapy is an alternative method for treating emotionally disturbed children in which the parent is used as an ally in the therapeutic process. The parent becomes the child's primary therapeutic agent (Guerney, et. al. 1999; Landreth, 2000; VanFleet, 2000). Parental involvement in a child's developmental process facilitates the parent's motivation to continue sessions and thus tends to eliminate the typical parental resistance that is encountered when the parent is not involved in the child's therapy.

Guerney (1969) reported the primary source of maladjustment, for many children living with their families, could logically be traced to interpersonal relationships within the family. Filial therapy teaches the parent a new way of interacting with their child, thus improving the parent-child relationship (Guerney, et. al. 1999; Landreth, 2000; VanFleet, 2000). Additionally, filial therapy provides focused attention to the child from a person who holds emotional significance to the child, thus encouraging anxieties learned by the parental influence to be unlearned, and provides opportunities for miscommunications to be clarified to the child by the parent (Guerney, et. al. 1999; Sweeney, 1997).

This approach is based on the therapeutic nature of play and the parent's ability to learn to assume the therapeutic role required of them for a short period of time under special conditions (Johnson, 1995). The parent's new role permits a child to explore personal struggles by breaking previous patterns of parent-child interaction. It also is expected that parents will generalize new patterns to life outside of the play sessions (Guerney, Guerney, & Andronico, 1966).

The Process of Filial Therapy

Filial Therapy is an approach used by play therapists to train parents to be therapeutic agents with their own children. Parents are taught basic child-centered play therapy principles and skills, including reflective listening, recognizing and responding to children's feelings, therapeutic limit setting, building children's self-esteem, and structuring required weekly play sessions with their children using selected toys (Landreth, 2002). The therapist typically utilizes didactic instruction, demonstration play sessions, role-playing, group discussion, required at-home laboratory play sessions, videotapes, and supervision in a supportive atmosphere to educate parents. Parents learn how to create a warm, nonjudgmental, unconditionally accepting, genuine, and understanding environment in which their child feels safe to explore the parent-child relationship and themselves, including fears, desires, feelings, and struggles (Guerney, et. al., 1999; Landreth, 2002).

After a parent passes an initial screening to ensure the parent and child are appropriate candidates, the parent is placed in a parenting training group, composed of six to eight parents of children ages three to ten, that can include mothers, fathers, and spouses from other families. The parents are given opportunities to express their parenting and play session concerns and struggles with the group at weekly meetings. As the therapist deems necessary, filial therapy training groups last six to eighteen months (Guerney, 1969; Van Fleet, 2000).

Initial trainings are spent exploring the parent child relationship and establishing a commitment from the parents. The parent's role is modeled after that of a child-centered play therapist (Guerney, et. al. 1999). Training emphasizes skills such as reflection of feeling, tracking, limit setting, and increasing parental sensitivity to their children. Once an adequate skill level is met, parents begin in home play sessions with their child. Parents are given a defined therapeutic role to play for a defined period of time and provided with feedback and supervision by the therapist and fellow parents in the following weekly training group (Guerney, 1969).

During assigned play sessions, the parent is expected to be empathic, understanding and accepting, while allowing the child to direct the play. It is critical that the parent be able to convey this understanding and acceptance to their child (Guerney, et. al. 1969). These conditions facilitate both the child's expression of emotion and a new perceptual awareness from the parent about their child (VanFleet, 1994).

When children are permitted to express themselves without losing status in the eyes of their parents the children's anxiety diminishes. The child feels validated and valued, and is able to master difficulties and feelings rather than try to distort and deny them. As these changes occur and the child experiences the parent in a new manner, the child begins to understand his or her sense of worth. Frustrations and hostilities diminish as the communication gap is bridged (Guerney, et. al., 1999).

The parent learns to set limits on the child's behavior when needed. In order to ensure continued empathic understanding felt and conveyed by the parent, behavior is not permitted that results in the parent or child being physically harmed. While maintaining acceptance of the child's feelings and desires, the parent learns to facilitate the child's expression in socially appropriate manners rather than overt, disruptive, harmful means (VanFleet, 1995).

The consistency of the special playtime, the toys used, and the relationship between parent and child results in a change in perception of the parent by the child. As the parents continue weekly at home play sessions they also attend supportive filial group meetings that explore techniques, the meaning of their child's play, and their personal emotional reactions to the sessions (Landreth, 2002). The therapist meets only with the parents and works in both a didactic and in a more traditional therapeutic role with the parental group to facilitate personal exploration and skill comprehension among parents. Both the home play sessions and the group sessions make unique contributions toward helping the parent-child relationship (Guerney, et.al., 1999).

Toys and Materials

The filial therapist facilitates the child's expression of a wide range of feelings by providing a wide range of toys. The playroom should

communicate that all feelings are accepted (VanFleet, 1994). Items likely to direct a child's play, such as books or electronic toys, are avoided.

The availability of items such as bop bag, dart gun, and dinosaur, conveys a message to the child that anger and aggression are accepted. Inappropriate aggressive or harmful behaviors are redirected to acceptable outlets. Baby bottles, dolls, kitchen food and ware facilitate the expression of nurturance. A dollhouse and associated figures and furniture are often used in the expression of family issues (Landreth, 2002). The playroom should further include nondirective expressive media, such as craft and construction pieces, paint, crayons, markers, paper, clay or sand. These items encourage a variety of expression. The inclusion of a ring toss game or blocks and play money can facilitate the expression of mastery, competition, and cooperation themes. Other recommended items are puppets, a baby bottle, a bowl for water, container with water, small plastic soldiers or dinosaurs, Play-Doh®, and a 6' piece of rope (Landreth, 2002). A toy should only be added to a playroom if it is safe for children, encourages the expression of feeling or themes, and allows for imagination or projective use (VanFleet, 1994). Functionality is priority. The toys do not need to be elaborate. "Toys and material should be selected, not collected," (Landreth, 2002, p. 133).

Filial Therapy Research and Results

Filial therapy is a philosophically based process that has proven to be beneficial in a variety of settings, populations, and formats including but, not limited to: two-parent families, foster parents, single parents, incarcerated mothers, incarcerated fathers, parents of different nationalities, parents of mentally challenged children, parents of chronically ill children, parents of children demonstrating conduct problems, parents of children with learning difficulties, and non-offending parents of sexually abused children (Rennie & Landreth, 2000). Results from the aforementioned studies demonstrated improvement on a variety of variables including: parental empathy, parental stress, parental perception of positive changes in the family environment, parental self-esteem, parental perception of child adjustment, parental perception of child's behavioral problems, child self-concept, and changes in a child's play behavior (Rennie & Landreth, 2000).

Current and Future Trends in Filial Therapy

Originally filial therapy was developed as a long-term group approach limited to aid children age ten or younger (Guerney et. al., 1966). Since then, others have adopted the concepts and methods previously presented to intensified or individualized formats. Some examples are: VanFleet's (1994) depiction of filial therapy as a beneficial modality in treating individual families; Guerney's (1990) instructions on utilizing filial tools with adolescents; and Landreth's (1991) 10-week intensified filial therapy model. Trends since have included further intensification with beneficial results in only five weeks of treatment (Rennie & Landreth, 2000).

Conclusion

Filial therapy is an empirically supported treatment medium for meeting the emotional needs of children and bridging the communication gap that is frequently present in today's parent-child relationship. The characteristics of this powerful intervention are ideal in that the parent-child relationship is improved, thus potentially producing life changing results in a brief length of time.

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